

BTXN 127 (rev. 1/14)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

FILED
OCT 25 2022
CLERK, U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Julio Alberto Perez (deceased)
and Cecilia Perez Debtor(s)

§
§
§
§
§
§

Case No.:

10-36451

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

Comes now the undersigned, to make application for an order directing payment of unclaimed funds now on deposit in the Treasury of the United States. Claimant is a _____ creditor X debtor (check one) in the above captioned bankruptcy case and on whose behalf these funds were deposited.

1.	Name of Claimant(s)	Dynasty Asset Recovery Services, LLC Assignee to Cecilia Perez
2.	Name and Title of Authorizing Officer or Representative (If Claimant is an individual, skip to Question No. 3)	Dana Williams, Managing Member Dynasty Asset Recovery Services LLC
3.	Current Mailing Address	3755 N Josey Ln #117220 Carrollton, TX 75011
4.	Telephone Number	469-702-1976
5.	SS# (last 4 digits only) or EIN #	88-3800672
6.	Amount Being Claimed	\$15,104.22

I, Dana Williams, do hereby state under penalty of perjury that I am legally entitled to claim these funds for whom the unclaimed funds were deposited into the treasury in the above referenced bankruptcy case. I certify to the best of my knowledge that all information submitted in support of this claim is true and correct.

Date 10/22/22

[Signature]
Claimant Signature

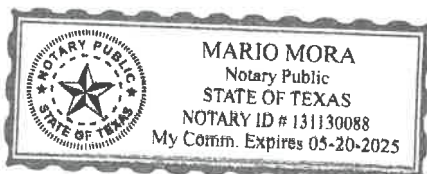
[Signature]
Co-Claimant Signature

Subscribed and Sworn to Before Me this 22 day of October, 2022.

[Signature]
Notary Public

In and for the State of Texas

My commission expires 5/20/2025



CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required attachments was mailed to:

Office of the United States Attorney
Attn: Unclaimed Funds
1100 Commerce Street, 3rd Floor
Dallas, TX 75242

Date: 10/24/22



Claimant's Signature

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

IN RE:

**JULIO ALBERTO PEREZ
CECILIA PEREZ**

DEBTORS

§
§
§
§
§
§

Case No. 10-36451-mvl-7

TRUSTEE'S NOTICE OF DEPOSIT TO UNCLAIMED FUNDS

Transmitted herewith is an electronic payment for deposit into the Court's Unclaimed Funds Registry as unclaimed property for the above-referenced Chapter 7 case. I hereby certify that the distribution check in payment of the following claim(s) has not either been negotiated by the creditor during the 90 days after issue or has been returned undeliverable.

<i>Claim #</i>	<i>Name of Payee on Unclaimed Check (s)</i>	<i>Amount</i>
	Julio and Cecilia Perez 500 Highland Drive Arlington, Texas 76010	\$15,104.22
	<i>Total of check(s) to Unclaimed Funds:</i>	<i>\$15,104.22</i>

Respectfully submitted,

/s/ Scott M. Seidel

Scott M. Seidel, Esq.

State Bar No. 17999450

6505 West Park Boulevard, Suite 306

Plano, Texas 75093

Telephone: 214-234-2500

scott@scottseidel.com

CHAPTER 7 TRUSTEE



LIMITED POWER OF ATTORNEY
USED ONLY TO COLLECT FUNDS FROM THE BELOW REFERENCED CASE

I, Cecilia Perez de Perez on behalf of myself and Julio Alberto Perez (deceased), hereby appoint Dana Williams on behalf of Dynasty Asset Recovery Services LLC whose current address is 3755 N Josey Ln #117220, Carrollton, Texas 75011, as my true and lawful attorney for me and in my name and stead, and for my use and benefit to claim funds held for me by U.S. Bankruptcy Court, Northern District of Texas, giving and granting unto my said attorney in fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein expressly granted with power to do and perform all acts authorized hereby; as fully to all intents and purposes as the Grantor might or could do if personally present.

This Limited Power of Attorney will cease twelve (12) months from date hereof.

IN WITNESS WHEREOF, I have signed this 19 day of Oct, 2022, and I direct that photographic copies of this document be made, which shall have the same force and effect as an original.

Cecilia Perez de Perez

Cecilia Perez de Perez, Client

Cecilia Perez de Perez, Authorized Rep for Deceased

Current Address

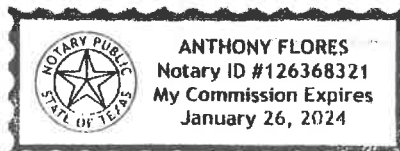
SUBSCRIBED AND SWORN TO BEFORE ME this 19 day of Oct, 2022.

County of Tarrant

State of Texas

Date of Commission Expires:

Jan 26, 2024



Anthony Flores

Notary Public



ASSIGNMENT OF INTEREST
IN BANKRUPTCY UNCLAIMED FUNDS, page 2

7. Assignor represents and warrants to Assignee that no payment or other distribution has been received by or on behalf of Assignor in full or partial satisfaction of the assigned rights; that Assignor has not previously sold or assigned the rights, in whole or in part to any party.
8. Power of Attorney: To the extent necessary under applicable law, the Assignor does hereby appoint for the limited purpose of collection of the funds the fulfillment of Assignors obligation(s) under this Agreement, Dynasty Asset Recovery Services LLC as its attorney-in-fact.
9. This Agreement constitutes the entire agreement and understanding between the parties with respect to the subject matter above.

IN WITNESS WHEREOF, I have signed this 19 day of Oct, 2022 and I direct that photographic copies of this document be made, which shall have the same force and effect as an original.


Cecilia Perez de Perez, Client

Cecilia Perez de Perez, Authorized Rep for Deceased

SUBSCRIBED AND SWORN TO BEFORE ME this 19 day of oct, 2022

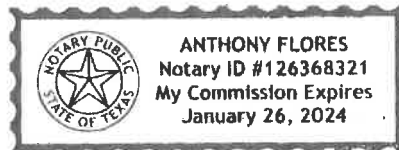
County of Tarrant

State of Texas



Notary Public

Date of Commission Expires:
Jan 26, 2024





ASSIGNMENT OF INTEREST
IN BANKRUPTCY UNCLAIMED FUNDS

This Assignment Agreement (the "Agreement") is entered into this 13th day of October, 2022 (the "Effective Date") by and between Dynasty Asset Recovery Services LLC, whose current address is 3755 N Josey Ln #117220, Carrollton, Texas 75011, (the "Assignee") and Cecilia Perez de Perez on behalf of herself and Julio Alberto Perez (deceased) whose current address is 500 Highland Dr Arlington, TX 76010 ("the Assignor").

1. Assignor is/was a Debtor in the Case Number 10-36451 as filed in the UNITED STATES BANKRUPTCY COURT FOR THE Northern DISTRICT OF Texas (the "Case"). As a Debtor in the Case, Assignor was entitled to distribution of funds from the assets of the Debtor's Bankruptcy Estate in the amount of \$ 15,104.22 (the "Funds"). Remittance to Assignor was not successful, and pursuant to Federal Rule of Bankruptcy Procedure 3011 and 11 U.S.C. 347, the Funds were deposited into the Registry of the Court. The Funds then being subject to withdrawal in accordance with 28 U.S.C. 2042.

2. Assignor not desirous of attempting collection of the Funds, nor wishing to incur the time and expense of such collection, does hereby wish and does assign the convey to the Assignee, for good and valuable consideration, all of Assignor's rights, title and interest in the Funds, without the presence of undue influence or coercion.

NOW THEREFORE, in consideration of mutual obligations, covenants, representation, and warranties herein, the parties agree as follows:

3. Assets Assigned: Assignor does hereby convey, transfer, and assign any and all rights, title, interest, and claims, including but not limited to, all statutory rights to any unclaimed funds resulting from the Bankruptcy Case located at:

Court: U.S. Bankruptcy Court, Northern District of Texas
Debtor: Cecilia Perez de Perez and Julio Alberto Perez (deceased)
Chapter: 7
Case Number: 10-36451
Unclaimed Amount: \$ 15,104.22

4. Collection of Surplus Funds: Assignee hereby agrees to attempt within the best of its abilities to collect the unclaimed funds. If Assignee collects any unclaimed funds, Assignee shall pay Assignor the remaining balance after subtracting all service fees.

5. Service Fees: Dynasty Asset Recovery Services LLC fee is 10 % of the unclaimed funds balance recovered.

6. This Assignment shall be deemed an absolute and unconditional assignment of funds/claim for the purpose of collection and satisfaction and shall not be deemed to create a security interest. Assignee will use its best effort to recover the greatest amount of surplus funds allowed by law. Assignee does not, however, promise that it will be able to recover the surplus funds. Assignee will act in accordance with all applicable laws.



CONTINGENCY AGREEMENT
FOR UNCLAIMED PROPERTY SERVICES

This agreement is made by and between Cecilia Perez de Perez on behalf of herself and Julio Alberto Perez (deceased) (the "Client") and Dynasty Asset Recovery Services LLC, whose current address is 3755 N Josey Ln #117220, Carrollton, TX 75011 (the "Business") to provide the services of locating and claiming the unclaimed property in Clients Name being held by U.S. Bankruptcy Court, Northern District of Texas, and is effective when signed by the Client.

TERMS

1. Business is due a percentage of the unclaimed amount only if and when the claim is successful and the Client has received their unclaimed property.
2. Client agrees to furnish Business with all paperwork requested in a timely manner, in order to facilitate the claim process. This may include, but is not limited to, certified copies of birth certificate, copy of driver's license, and probate documents, if Client is the rightful heir to all property due a person who is deceased.
3. If the claim is unsuccessful, Client is under no financial obligation to Business.
4. Any costs associated with facilitating the claim are the responsibility of the Business, whether or not the claim is successful.
5. At any time during the process, Business may cancel this agreement, for any reason. No monies will be due to the Business if agreement is so canceled.

COST OF SERVICES

In exchange for the services Business provides to Client under the terms and conditions listed above in regard to the location and claim of Clients unclaimed property, Client agrees to pay 10 % of unclaimed amounts to Business. If Business is unsuccessful in completing the claim and Client does not receive the unclaimed property, Client is fully released from the terms of this agreement and is under no financial obligation to the Business.

IN WITNESS WHEREOF, I have signed this 19 day of Oct, 2022, and I direct that photographic copies of this document be made, which shall have the same force and effect as an original.


Cecilia Perez de Perez, Client

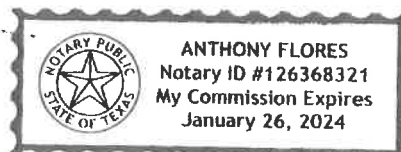
Cecilia Perez de Perez, Authorized Rep for Deceased

Current Address

SUBSCRIBED AND SWORN TO BEFORE ME this 19 day of Oct, 2022.

County of Tarrant

State of Texas





Notary Public

Date of Commission Expires:

Jan 26, 2024

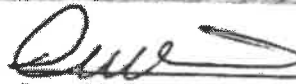


AFFIDAVIT OF PHOTO IDENTIFICATION AUTHENTICITY

I, Dana Williams, Managing Member of Dynasty Asset Recovery Services LLC, hereby certify that the below proof of identification is a true and accurate duplicate of the original.



Date: 9/21/22


Dana Williams, Managing Member
Dynasty Asset Recovery Services LLC

Mailing Address:
3755 N Josey Lane #117220
Carrollton, Texas 75011

Physical Address:
1930 E Hebron Pkwy #360
Carrollton, Texas 75007

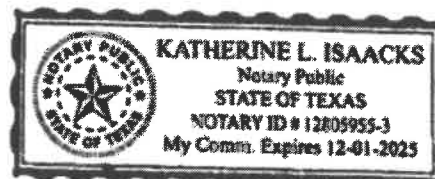
Phone:
(469) 702-1976

On 21 Sept. 2022 before me, Dana Williams, personally appeared, personally known to me to be the person whose name is subscribed to be within the instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal this 21st day of September 2022 in the County of Denton, State of Texas.


Signature of Notary Public

Date Commission Expires: 12-01-2025





CERTIFICATE OF LLC RESOLUTION

The undersigned Managing Member of Dynasty Asset Recovery Services LLC, an LLC duly organized under the laws of Texas (hereinafter, "The LLC"), hereby certify that the following resolutions were duly adopted by said Managing Member of the LLC on August 18, 2022 and that such resolutions have not been modified or rescinded as of the date hereof:

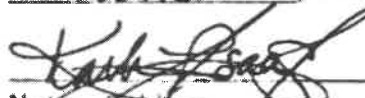
RESOLVED, that Dana Williams is hereby authorized and directed for and on behalf of The LLC to execute all legal documents as approved by her as being in the best interest of The LLC; and to take any and all further actions which may be necessary or appropriate to commence and complete said construction in such a manner as being, in her opinion, in the best interest of The LLC.

IN WITNESS WHEREOF, the undersigned has executed this instrument as of the 21 day of September, 2022.

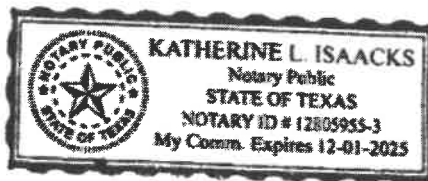

Dana Williams, Managing Member
Dynasty Asset Recovery Services LLC

Date: 9/21/22

SUBSCRIBED AND SWORN TO BEFORE ME this 21st day of September 2022 in the County of Denton, State of Texas.

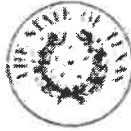

Notary Public

Date Commission Expires: 12-01-2025



Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
Limited Liability Company**

Filed in the Office of the
Secretary of State of Texas
Filing #: 804691157 08/18/2022
Document #: 1170746680002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Dynasty Asset Recovery Services LLC

Article 2 - Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☒ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Dana Williams

C. The business address of the registered agent and the registered office address is:

Street Address:

1930 E Hebron Pkwy #306 Carrollton TX 75007

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☒ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☐ A. The limited liability company is to be managed by managers.

OR

☒ B. The limited liability company will not have managers. Management of the company is reserved to the members. The names and addresses of the governing persons are set forth below:

Managing Member 1 **Dana Williams**

Title: **Managing Member**

Address: **3755 N Josey Ln #117220 Carrollton tx, USA 75011**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

[The attached addendum, if any, is incorporated herein by reference.]

Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

**3755 N Josey Ln #117220
Carrollton, tx 75011
USA**

Organizer

The name and address of the organizer are set forth below.

Frances Severe 2804 Gateway Oaks Dr # 100, Sacramento, Ca 95833

Effectiveness of Filing

☒ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Frances Severe

Signature of Organizer

FILING OFFICE COPY

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Dana N Williams

2 Business name/disregarded entity name, if different from above

Dynasty Asset Recovery Services LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

3755 N Josey Ln #117220

6 City, state, and ZIP code

Carrollton, Texas 75011

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 8 - 3 8 0 0 6 7 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►



Date ►

10/24/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Texas **DRIVER LICENSE** 

 **4d DL 11898313** **9 Class C**
4a Iss 02/14/2020 **4b Exp 11/14/2026**
3 DOB 11/14/1967
1 PEREZ-DE-PEREZ
2 CECILIA
8 500 HIGHLAND DR
ARLINGTON TX 76010-0000
12 Restrictions A **9a End NONE**
16 Hgt 5'-03" **15 Sex F** **18 Eyes BRO** 
5 DD 02126000125154536130

Cecilia Perez

Document Page 14 of 16
CERTIFICATION OF VITAL RECORDDEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

Sep 29 2020

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

142-20-173126

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)

JULIO ALBERTO PEREZ ORTEGA

(Before Marriage)

2. DATE OF DEATH - ACTUAL OR PRESUMED

(mm-dd-yyyy)
SEPTEMBER 13, 2020

3. SEX

MALE

4. DATE OF BIRTH (mm-dd-yyyy)

APRIL 25, 1963

5. AGE-Last Birthday (Years)

57

IF UNDER 1 YR

Mo Days

IF UNDER 1 DAY

Hours Min

6. BIRTHPLACE (City & State or Foreign Country)

MEXICO

7. SOCIAL SECURITY NUMBER

451-57-3135

8. MARITAL STATUS AT TIME OF DEATH

☒ Married☐ Widowed (but not remarried)☐ Divorced (but not remarried)☐ Never Married☐ Unknown

9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)

CECILIA PEREZ

10a. RESIDENCE STREET ADDRESS

500 HIGHLAND DRIVE

10b. APT. NO.

10c. CITY OR TOWN

ARLINGTON

10d. COUNTY

TARRANT

10e. STATE

TEXAS

10f. ZIP CODE

76010

10g. INSIDE CITY LIMITS?

☒ Yes ☐ No

11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE

ERNESTO PEREZ

12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE

MARIA LUISA ORTEGA

13. PLACE OF DEATH (CHECK ONLY ONE)

IF DEATH OCCURRED IN A HOSPITAL:

☒ Inpatient☐ ER/Outpatient☐ DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

☐ Hospice Facility☐ Nursing Home☐ Decedent's Home☐ Other (Specify)

14. COUNTY OF DEATH

TARRANT

15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)

FORT WORTH, 76104

16. FACILITY NAME (If not institution, give street address)

JOHN PETER SMITH HOSPITAL

17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED

CECILIA PEREZ - SPOUSE

18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)

500 HIGHLAND DRIVE, ARLINGTON, TX 76010

19. METHOD OF DISPOSITION

☐ Burial☒ Cremation☐ Donation☐ Entombment☐ Removal from state☐ Mausoleum☐ Other (Specify)

20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

ROMAN MARTINEZ, BY ELECTRONIC SIGNATURE - 113345

21. ☒ Unknown

Section

Block

Lot

Space

22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

NORTH TEXAS CREMATION SERVICES

23. LOCATION (City/Town, and State)

FORT WORTH, TX

24. NAME OF FUNERAL FACILITY

CALVARIO FUNERAL CHAPEL

25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

111 WEST NORTHSIDE DRIVE, FORT WORTH, TX 76164

26. CERTIFIER (Check only one)

☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

27. SIGNATURE OF CERTIFIER

CARLOS JOSE RODRIGUEZ, BY ELECTRONIC SIGNATURE

28. DATE CERTIFIED (mm-dd-yyyy)

SEPTEMBER 24, 2020

29. LICENSE NUMBER

R7867

30. TIME OF DEATH (Actual or presumed)

11:25 AM

31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)

CARLOS JOSE RODRIGUEZ 1500 S. MAIN ST, FORT WORTH, TX 76104

32. TITLE OF CERTIFIER

DO

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER

TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE

ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. SEPSIS LEADING TO ACUTE RENAL FAILURE

Due to (or as a consequence of):

13 DAYS

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST

b. SEPSIS LEADING TO ACUTE ON CHRONIC LIVER FAILURE

Due to (or as a consequence of):

10 DAYS

c. INTRA-ABDOMINAL INFECTION

Due to (or as a consequence of):

13 DAYS

d.

PART 2. ENTER OTHER CAUSE GIVEN IN PART 1.

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED?

☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

☐ Yes ☐ No

36. MANNER OF DEATH

☒ Natural☐ Accident☐ Suicide☐ Homicide☐ Pending Investigation☐ Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH?

☐ Yes☒ No☐ Previously☐ Probably☐ Unknown

38. IF FEMALE:

☐ Not pregnant within past year☒ Pregnant at time of death☐ Not pregnant, but pregnant within 42 days of death☐ Not pregnant, but pregnant 43 days to one year before death☐ Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY, SPECIFY:

☐ Driver/Operator☐ Passenger☐ Pedestrian☐ Other (Specify)

40a. DATE OF INJURY (mm-dd-yyyy)

40b. TIME OF INJURY

40c. INJURY AT WORK?

☐ Yes ☐ No

40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

40e. LOCATION (Street and Number, City, State, Zip Code)

40f. COUNTY OF INJURY

41. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.

06009754

42b. DATE RECEIVED BY LOCAL REGISTRAR

SEPTEMBER 29, 2020

42c. REGISTRAR

EDR NUMBER 00004444824065

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Oct 02 2020

WARNING: THIS DOCUMENT HAS A DARK BLUE BOBBER AND A COLORED BACKGROUND

TARA DAS

STATE REGISTRAR

JON



No 13565

STATE OF TEXAS

MARRIAGE LICENSE

COUNTY OF TARRANT

To all who shall see these Presents: Greeting:

Know Ye, That any person legally authorized to celebrate the
rites of MATRIMONY
is hereby licensed to join in marriage, as husband and wife,

Julio Alberto Perez and
Cecilia Perez Perez and
for so doing this shall be his sufficient authority: and due return make
within thirty days after solemnization.

In Testimony Whereof, I, as Clerk of Tarrant County,
hereunto subscribe my name and affix the Seal of said Court,
this the 2nd day of September 1986

Madison Huffmon County Clerk
By Wm. Thompson Deputy.

This Certifies That I joined in Marriages, as Husband and Wife,
Julio Alberto Perez and
Cecilia Perez Perez
on the 3rd day of September 1986

County of Marriage: Tarrant County, Texas

Robert [Signature] Signature of person performing ceremony
Justice of the Peace Title of person performing ceremony
Court House Address of person performing ceremony

VOL 329 PAGE 895

0-11-01-X



TRUE AND CORRECT COPY OF ORIGINAL
RECORD FILED IN TARRANT COUNTY TEXAS
MARY LOUISE NICHOLSON, COUNTY CLERK

No 13505

Marriage License

Julio Alberto Perez
AND
Cecilia Perez Perez

Issued the 2nd day of September 19 86

Martin Hoffman, Tarrant County Clerk
By Maria Hernandez, Deputy

Returned and Filed for
Record the 19 day of

Martin Hoffman, Tarrant County Clerk
By Deputy

THIS LICENSE EXPIRES 30 DAYS FROM DATE OF ISSUANCE IF NOT USED.

Mail Recorded License to:

M/M Julio Alberto Perez

808 E Sanford St #13J

Arlington, TX 76011

VOL 329 PAGE 896



A CERTIFIED COPY,

ATTEST:

10/12/20

MARY LOUISE NICHOLSON, County Clerk

Tarrant County, Texas

BY:

[Signature] Deputy